

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

ACT NOW PAC INC

ADDRESS (number and street)

PO BOX 204

☐Check if different
than previously
reported. (ACC)

NEW YORK

NY

10014

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00422485

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

02

2010

in the
State of

5. Covering Period

10

01

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Leonard Braman

Signature of Treasurer

Electronically Filed by Leonard Braman

Date

12

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 14

Write or Type Committee Name
ACT NOW PAC INC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	2496.16
(b) Cash on Hand at Beginning of Reporting Period	1204.06	
(c) Total Receipts (from Line 19)	6639.44	7971.44
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7843.50	10467.60
7. Total Disbursements (from Line 31)	4009.48	6633.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3834.02	3834.02
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name
ACT NOW PAC INC

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6074.44	6274.44
(ii) Unitemized	365.00	1497.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6439.44	7771.44
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6439.44	7771.44
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	200.00	200.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6639.44	7971.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6639.44	7971.44

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	902.78	3526.88	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	902.78	3526.88	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3106.70	3106.70	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4009.48	6633.58	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4009.48	6633.58	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	6439.44	7771.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6439.44	7771.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	902.78	3526.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	200.00	200.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	702.78	3326.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)

Courtney Hull

Mailing Address 1300 Mariposa St.

City

San Francisco

State

CA

Zip Code

94107

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stay in the Light

Occupation
Headbands

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.5775

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Jens Krummel

Mailing Address 43-17 47th Street

City

Sunnyside

State

NY

Zip Code

11104

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York City DOE

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: SA11AI.5762

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Marjorie Roswell

Mailing Address 3443 Guilford Terrace

City

Baltimore

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roswell Infographics

Occupation
Web Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11AI.5764

Amount of Each Receipt this Period

2750.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 14

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)

Jean Schrag

Mailing Address 36 W. 44th St
Suite 911

City State Zip Code
New York NY 10036

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.5773

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Andrew Solomon

Mailing Address 300 Mercer Street
Apt. 3D

City State Zip Code
New York NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer
None

Occupation
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.44

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.5808

Amount of Each Receipt this Period

74.44

In-kind - Food

SUBTOTAL of Receipts This Page (optional)

574.44

TOTAL This Period (last page this line number only)

6074.44

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) GoDaddy.com	Transaction ID: SB21B.5804 Date of Disbursement																				
Mailing Address 14455 N. Hayden Rd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												
City State Zip Code Scottsdale AZ 85260	Amount of Each Disbursement this Period																				
Purpose of Disbursement Domain Name Fee Candidate Name	<table border="1"> <tr> <td colspan="10">79.57</td> </tr> </table>	79.57																			
79.57																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) iContact	Transaction ID: SB21B.5757 Date of Disbursement																				
Mailing Address 2635 Meridian Pkwy Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	1	0												
City State Zip Code Durham NC 27713	Amount of Each Disbursement this Period																				
Purpose of Disbursement List Service Candidate Name	<table border="1"> <tr> <td colspan="10">59.20</td> </tr> </table>	59.20																			
59.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) iContact	Transaction ID: SB21B.5786 Date of Disbursement																				
Mailing Address 2635 Meridian Pkwy Suite 100	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	2		2	0	1	0												
City State Zip Code Durham NC 27713	Amount of Each Disbursement this Period																				
Purpose of Disbursement List Service Candidate Name	<table border="1"> <tr> <td colspan="10">59.20</td> </tr> </table>	59.20																			
59.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

197.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)

Media Temple

Mailing Address 8520 National Blvd.
#A

City Culver City State CA Zip Code 90232

Purpose of Disbursement
Web Hosting

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5803

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Sandler, Reiff & Young, PC

Mailing Address 300 M Street, SE
Suite 1102

City Washington State DC Zip Code 20003

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5805

Date of Disbursement

/ /

Amount of Each Disbursement this Period

205.00

C.

Full Name (Last, First, Middle Initial)

TransFirst

Mailing Address 12120 Shamrock Plaza

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5759

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.25

SUBTOTAL of Disbursements This Page (optional)

252.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 14

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)
TransFirst

Mailing Address 12120 Shamrock Plaza

City Omaha State NE Zip Code 68154

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.5787

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Amount of Each Disbursement this Period

58.80

SUBTOTAL of Disbursements This Page (optional)

58.80

TOTAL This Period (last page this line number only)

509.02

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) Christopher Asta Mailing Address 134 Noble Street	Transaction ID: SB23.5802 Date of Disbursement <div> <div>11</div> <div>09</div> <div>2010</div> </div>
City Brooklyn State NY Zip Code 11222 Purpose of Disbursement In-Kind Travel Candidate Name JOHN BURK CALLAHAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>18.00</div>
B. Full Name (Last, First, Middle Initial) Christopher Asta Mailing Address 134 Noble Street City Brooklyn State NY Zip Code 11222 Purpose of Disbursement In-Kind Travel Candidate Name JOHN BURK CALLAHAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5807 Date of Disbursement <div> <div>11</div> <div>22</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>16.00</div>
C. Full Name (Last, First, Middle Initial) Greyhound Lines Mailing Address P.O. Box 660362 City Dallas State TX Zip Code 75266 Purpose of Disbursement In-Kind - Transportation Expenses Candidate Name JOHN BURK CALLAHAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5766 Date of Disbursement <div> <div>10</div> <div>15</div> <div>2010</div> </div> Amount of Each Disbursement this Period <div>840.00</div>

SUBTOTAL of Disbursements This Page (optional)

874.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 / 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC**A.**Full Name (Last, First, Middle Initial)
Greyhound Lines

Mailing Address P.O. Box 660362

City Dallas State TX Zip Code 75266

Purpose of Disbursement
In-Kind - Transportation ExpensesCandidate Name
JOHN BURK CALLAHANCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.5774

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	1	0

Amount of Each Disbursement this Period

1892.00

B.Full Name (Last, First, Middle Initial)
Metro North

Mailing Address 347 Madison Avenue

City New York State NY Zip Code 10017

Purpose of Disbursement
In-Kind - TravelCandidate Name
JOHN JOSEPH HALLCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: SB23.5784

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Amount of Each Disbursement this Period

7.25

C.Full Name (Last, First, Middle Initial)
Metro North

Mailing Address 347 Madison Avenue

City New York State NY Zip Code 10017

Purpose of Disbursement
In-Kind - TravelCandidate Name
JOHN JOSEPH HALLCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: SB23.5785

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	1	0

Amount of Each Disbursement this Period

7.25

SUBTOTAL of Disbursements This Page (optional)

1906.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)
 Metro North

Mailing Address 347 Madison Avenue

City State Zip Code
 New York NY 10017

Purpose of Disbursement
 In-Kind - Travel

Candidate Name
 JOHN JOSEPH HALL

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: SB23.5794

Date of Disbursement

/ /

Amount of Each Disbursement this Period

120.00

B.

Full Name (Last, First, Middle Initial)
 Metro North

Mailing Address 347 Madison Avenue

City State Zip Code
 New York NY 10017

Purpose of Disbursement
 In-Kind - Travel

Candidate Name
 JOHN JOSEPH HALL

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: SB23.5795

Date of Disbursement

/ /

Amount of Each Disbursement this Period

40.00

C.

Full Name (Last, First, Middle Initial)
 Metro North

Mailing Address 347 Madison Avenue

City State Zip Code
 New York NY 10017

Purpose of Disbursement
 In-Kind - Travel

Candidate Name
 JOHN JOSEPH HALL

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: SB23.5796

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

SUBTOTAL of Disbursements This Page (optional)

220.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)
 Metro North

Mailing Address 347 Madison Avenue

City State Zip Code
 New York NY 10017

Purpose of Disbursement
 In-Kind - Travel

Candidate Name
 JOHN JOSEPH HALL

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: SB23.5797

Date of Disbursement

/ /

Amount of Each Disbursement this Period

39.00

B.

Full Name (Last, First, Middle Initial)
 Laura Morrison

Mailing Address 80 Eighth Avenue

City State Zip Code
 New York NY 10011

Purpose of Disbursement
 In-Kind - Phonebank Charges

Candidate Name
 JOHN BURK CALLAHAN

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.5806

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.93

C.

Full Name (Last, First, Middle Initial)
 New York Country Market

Mailing Address 228 North Division Street

City State Zip Code
 Peekskill NY 10566

Purpose of Disbursement
 In-Kind - Food for Volunteers

Candidate Name
 JOHN JOSEPH HALL

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: SB23.5798

Date of Disbursement

/ /

Amount of Each Disbursement this Period

43.27

SUBTOTAL of Disbursements This Page (optional)

106.20

TOTAL This Period (last page this line number only)

3106.70